



Kids Camp 2005

Application Form

To be completed by Parent/Guardian (Please Print)

Applicants Name: _____
Last Name First Name MI

Address: _____

Sex: _____ Date of Birth: _____ Age: _____ T-Shirt Size: _____
Male/Female M/D/Yr Adult Sizes Sm/Md/Lg/Xlg

School: _____

Parent/Guardian: _____
Last Name First Name MI

Relation to child: _____

Home Phone: _____ Business Phone: _____

Emergency Contact:

Name: _____ Phone: _____

Address: _____

Relation to Child: _____

Will anyone other than the parent or guardian listed above be picking up the child at any time during Kids Camp? If so, Who?

Additional information you would like to add? _____

Signature of Parent/Guardian

Date

*** Completed registration forms due by midnight May 13, 2005. Thank You!**



MADISON POLICE
DEPARTMENT
Col. Daniel J. Busken Chief of Police

Kids Camp 2005

Health and Medical Summary

To be completed by Parent/Guardian (Please Print)

Applicants Name: _____

Parent/Guardian Name: _____

Home Address: _____ Phone: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Name of family physician: _____ Phone: _____

Personal health insurance carrier: _____

Contract #: _____ Group #: _____ ID #: _____

Circle appropriate answer and explain "Yes" answers on back:

Have you ever been hospitalized?	Yes	No
Are you presently taking any medications?	Yes	No
Are you required to take any medication while attending Kids Camp? (If yes please provide a list of medicines, ample supplies and direction for use.)	Yes	No
Have you ever passed out during or after exercise?	Yes	No
Do you have high blood pressure?	Yes	No
Do you have heart disease?	Yes	No
Do you have any allergies or skin problems?	Yes	No
Do you have or had any form of cancer?	Yes	No
Do you have diabetes?	Yes	No
Have you ever had a head injury?	Yes	No
Have you ever been unconscious?	Yes	No
Have you ever had or have seizures?	Yes	No
Do you have trouble breathing during or after activity?	Yes	No
Do you wear glasses?	Yes	No
Have you ever sprained, dislocated, fractured, or broken any bones or joints?	Yes	No
Do you use any special equipment (pads, braces, eye guards etc)?	Yes	No
Any reason to restrict full activity from swimming, long hikes, backpacking, or strenuous physical games?	Yes	No
Are your immunizations up-to-date (as required by the American Pediatrics Association)?	Yes	No

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of Parent/Guardian

Date



MADISON POLICE
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Waiver/Release Form

To be completed by Parent/Guardian (Please Print)

(Applicants Name)

_____ has my permission and consent to activities, including participation in strenuous physical requirements to such activity, and I understand and agree that this activity is elective, and therefore, because my child has chosen to participate in this activity/activities, I further agree as follows:

1. I authorize the Madison Police Department to obtain, through a physician of its choice; any emergency medical care that may become reasonably necessary for my child in the course of the activity/activities.
2. I accept the responsibility for payment of all medical bills, including, but not limited to: charges for doctors, ambulance, hospitals and drugs which my child may incur by reason of participation in such activity/activities.
3. I waive any and all claims or cause of action against the City of Madison, the Madison City School System, the Madison Police Department and its servants, agents, employees, police officers, cadets and sponsors of the system which may arise by reason of injuries to my child because of such participation and agree that the City of Madison, the Madison City School System, the Madison Police Department and its servants, agents, employees, police officers, cadets and sponsors are released and forever acquitted from all and any claims of liability to me, my child, or heirs, for illness or injury sustained by my child because of such participation. I further state that my child is in proper physical condition to participate in such activity/activities. I also give permission for the use of my child's name and/or picture in any broadcast, telecast, or any other public account of this event.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date